

REC'D JUL 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20771  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City..... St. Louis  
(d) Street No. 4717 Ashland Ave.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2  
1  
791  
1003

Registered No. 5910

2. PRINT FULL NAME Henry Philip Lauck

(a) Residence, No. 4717 Ashland Ave. St. 6  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara M. Lauck  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16, 1883  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
54 10 14  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman  
9. Industry or business in which work was done, as saw mill, bank, etc. Dept. Store  
10. Date deceased last worked at this occupation (month and year) June 1, 1938  
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER 13. NAME Henry Lauck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Burke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Mrs. Clara M. Lauck  
(ADDRESS) 4717 Ashland Ave. St. Louis, Mo.

18. BURIAL ~~PLACE~~ Brighton, Illinois DATE July 4, 1938

19. FUNERAL DIRECTOR (NAME) Wm. M. Schumacher  
(ADDRESS) 4834 Natural Bridge

20. FILED J. F. Budeck  
Local Registrar

JUN 30 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938 to June 30, 1938  
I last saw him alive on June 29, 1938 Death is said to have occurred on the date stated above, at 1 A. m.  
The principal cause of death and related causes of importance were as follows:

Stodgkins Disease  
Septicemia from above June 29, 38

Date of onset 1938

Other contributory causes of importance: 726

Name of operation None Date of.....  
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury....., 19.....  
Where did injury occur? none  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify no  
(Signed) Wm. M. Schumacher, M. D.  
(Address) 2000 1/2 Grand

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5014-1-12-38 XI4028

2000 G. L. Stewart

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*John Ketter*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed *John Ketter*

Licensed Embalmer No. *3880*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**